

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 10, 2025



## OVERVIEW

The North Channel Nurse Practitioner-Led Clinic (NC NPLC) is a

Primary Health Care Nurse Practitioner-Led Clinic that opened on January 29, 2014 and serves a large catchment area from Echo Bay to Iron Bridge, Ontario (77 kms. Trans-Canada ON/Hwy-17) plus patient populations that live along Hwy. 129 in unorganized townships. There are seven full time employees at the NC NPLC, including two Nurse Practitioners (NPs), an Executive Director, a Registered Nurse (RN), a Registered Practical Nurse (RPN), a Social Worker (SW) and an Administrative Assistant, plus a collaborating physician. The clinic is located at 135 Dawson Street in Thessalon, Ontario. It is adjacent to Algoma Manor and across the hall from the Thessalon Hospital, within the same building. The patient roster, at the end of 2024, was 1551 patients with additional community patients, who are seen by the SW. Contractually, we are obligated to enroll 1600 patients, with 800 assigned per NP. Enrollment is monitored monthly and new patients are added as availability allows. We have a substantial waiting list of residents requiring a primary care provider in the area.

In a collaborative effort, the NC NPLC has partnered with the Township of MacDonald, Meredith and Aberdeen Additional and opened a satellite clinic in Echo Bay, in the late fall of 2014. The population of Echo Bay and Laird is approximately 2500 people. This area has no access to any local medical facilities, such as a drop-in clinic, physician office or hospital. In this collaborative effort, the area now has access to primary health care, as an NP, RPN and SW from the NC NPLC work at the satellite clinic three days per week. The location of this satellite is 3223 Hwy. 17B, Echo Bay, ON.

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In Northern remote and rural Ontario, health care providers are scarce with many orphaned patients throughout the district. There are many barriers to securing health care providers specifically for rural and remote primary care locations such as a shortage of providers, transportation challenges and lack of financial support for the primary health care sector within the province. To overcome these barriers, in the past year, a new service delivery model was developed to include phone appointments with NP support from out of area, virtual visits with RN assistance and in person patient visits. Skillful triaging was utilized to determine the appropriate venue for each patient visit. Also, a physician was hired, on a part time basis, for complex patients.

The new way we deliver services is expedient, appropriate and within budget. Patient surveys indicate that residents are receiving quality care!

**ACCESS AND FLOW**

In the year 2024, the NC NPLC experienced a challenging time with a shortage of NP services as both left within two months of each other. There is an extreme shortage of NPs as well as physicians in the Algoma District with many patients being orphaned. As an example, the North Shore Health Network cannot always secure locum coverage and the small hospital in Thessalon, which is across the hall from the North Channel NPLC, has experienced shortages to the point of hospital closures. Approximately, seventy percent of patients presenting at the ER are categorized as fours and fives which essentially should be best handled in primary care. The clinic, as an organization, has advocated for additional funding for more NP support to help offset this although provincial support has not been provided.

In 2024, an alternative service delivery model was developed and implemented to ensure that seamless primary care coverage was available to our patients. This innovative model involved long hours for staff and the Executive Director to develop but was supported by the Board of Directors and the Algoma Ontario Health Team (AOHT). The service model has been successful with precise triaging, phone, virtual and in person appointments appropriately scheduled whereby patients receive the right care at the right time. The NC NPLC utilizes the current resources as efficiently as possible. Extended hours are now offered inhouse every second Wednesday and Thursday with the hours of operation from 8:30 am to 8:00 pm. Effective April 1, 2025, there will be additional extended hours with phone coverage from 5:00 until 8:00 pm every Tuesday and Thursday evenings. As a result of this effort, no patients were derostered and wait times are actually shorter for patients.

To help patients access care when the clinic is closed, our website provides patients with information on who to contact to receive medical assistance. Examples include the phone number for the Northeast Region Virtual Care Clinic, contact information for drop in physician offices and Nurse Practitioner clinics in Sault Ste. Marie. Additionally, our website outlines what Pharmacists can prescribe to assist patients. These types of supports provide alternative access to primary care.

The NC NPLC have referral access to all area and specialty hospitals and physicians within the province. Additionally, our SW works diligently to provide patients with access to support programs that patients may be eligible for, to help with costs for post-secondary education, skills training, dental care, housing, senior supports, health services, childcare and prescription drugs.

## EQUITY AND INDIGENOUS HEALTH

The NC NPLC revised their strategic plan for 2024-2027. One of the initiatives is to "Operate with a Health Equity Lens". The NC NPLC has a diversified patient population in our catchment area which includes Indigenous people from the Thessalon First Nation, Garden River First Nation, Batchewana First Nation and the Mississauga First Nation. Additionally, we host rostered patients within the Amish, Caucasian and Francophone populations.

The staff SW has also identified priority groups within the patient population to include lesbian, gay, bisexual, and transgender people. The SW, in collaboration with the NPs, collectively work to secure referrals for patients going through gender transition under the age of 18 years to Sick Kids in Toronto.

In previous years, the Staff and Board of Directors of the NC NPLC received San'yas Indigenous Cultural Safety Training. This is a nationally recognized program aimed at improving cultural safety for Indigenous people accessing health services. The term "San'yas" means "way of knowing" in Kwak'waka, which is the language of the Kwakwaka'wakw Peoples. This training program focuses on uprooting anti-Indigenous racism and promoting cultural safety, which is essential for reconciliation between Indigenous and Settler peoples across Canada. The Executive Director completed the training several years ago and used the information to train the Board of Directors as well as staff on cultural safety training. As well, several Board members had completed the extensive training individually.

Additionally, in previous years, staff training included Cisgender

Privilege Checklists and were provided with literature entitled Enabling Cultural Safety in Indigenous Primary Healthcare. Staff also completed online training on Gender and Sexual Diversity. Last year, staff training included training that can be found at <https://hxmatters.podbean.com/e/>. These podcasts come from The HX Academy, designed by physicians, clinicians, patient experience experts, healthcare leaders, and award-winning video producers, which offers pragmatic advice to help improve fair healthcare immediately. The staff started their training with the podcast entitled What Cultural Humility Means in Practice for Healthcare Leaders. Subsequent podcasts followed. These podcasts are free, relatable and informative for healthcare providers.

In last 2024, the Staff and Board, received training by the Executive Director on "Health Equity Principles" including "What is Equity" as well as "Canada's Social Determinates of Health". (Adapted from Canadian Medical Association's "Health Equity and the Social Determinants of Health"). An interesting take away for staff was the Quality Promise: Non-Judgemental Approach and Communication with the foundational fundamentals including 1. Recognize Negativity and Blame 2. Start from Within 3. Kindness and Effective Listening 4. Avoid Placing Blame and 5. Prioritize Personal Resilience.

On February 27, 2025, staff have been provided pink sweatshirts in recognition of Pink Shirt Day: Raising awareness about bullying in Canada. These were purchased through Indigenous Marketing Solutions with the logo "One Heart, One Mind".

## PATIENT/CLIENT/RESIDENT EXPERIENCE

In 2024, there were 54 patient surveys collected in total. The surveys were collected throughout the year. Pertinent questions and results included:

The length of time it took between making your appointment and the visit you just had:

Excellent: 80%  
 Very Good: 11%  
 Good: 7% Fair: 2%

Your overall experience accessing the office/clinic:

Excellent: 86%  
 Very Good: 6%  
 Good: 6% Poor: 2%

The Provider listened to your concerns:

Excellent: 83%  
 Very Good: 9%  
 Good: 2%  
 Fail: 4%  
 Poor: 2%

Your Provider gave you clear instructions about what you need to do after your visit: Excellent: 84%

Very Good: 11%  
 Good: 4%  
 Poor: 1%

Your overall experience with the visit you had with us:

Excellent: 86%  
 Very Good: 7%  
 Good: 6%  
 Poor: 1%

Did the Provider involve you as in decisions about your care and treatment?

Always: 90%  
 Often: 9%  
 Rarely: 1%

How many days did it take to get an appointment? Please note that access may be reflective of provider requesting three to four week follow up, patients triaged as immediate urgency, moderate urgency, etc. All episodic appointments are accommodated daily.

Same day: 11%  
 N/A: 13%  
 2-19 days: 72%  
 >20 days: 4%

All of the comments on the 54 surveys included:

Personal interactions and quick attention

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Courteous and good medical care  
 Always welcoming, professional and personable and always work around my schedule to get me in asap  
 Friendliness and thorough  
 Social Worker is excellent, and the NP is excellent Registered  
 Social Worker makes me feel important plus the education and support is excellent  
 I receive referrals to specialists, good medication management New NP calls back as scheduled; New NP takes time to hear and discuss my concerns  
 Booking appointments over the phone; quick wait time before appointments  
 Getting bloodwork is excellent, excellent care by Nurse Practitioner and Social Worker  
 The Social Worker home visits is appreciated; the Nurse Practitioners and Nursing staff are tremendous!!  
 Treat me as a person, NPs and the Social Worker, strong care and compassion  
 NP is thorough and capable plus great team collaboration  
 Always accommodating patients; am so glad we have a Social Worker  
 Booking and reception and nurse were great experiences  
 Speedy and excellent service; very happy with my care  
 The NP was thorough, so knowledgeable and very supportive  
 Nursing staff is excellent, and the Nurse Practitioner is excellent  
 Patients are greeted warmly when asked us to fill out questionnaire  
 Good at taking blood and answering questions  
 The appointments and consultations are easy to access  
 The Social Worker is very accessible and helpful plus reception  
 Excellent

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Communicating with me on my health; Staff is very friendly  
 I feel so welcome when I enter, no waiting time plus so friendly  
 Social Worker is good along with bloodwork  
 The Social Worker is very supportive, bloodwork is excellent  
 Keeping on Time; Friendly  
 Very friendly and provide a comfortable atmosphere and are prompt  
 Brisk and professional communication also providing a positive regard  
 I was very impressed with my new NP-she was knowledgeable, approachable and an excellent listener!  
 The new NPs need to stop changing med's that have been working, are covered by ODSP and don't cause allergic reactions Appreciate the Social Worker plus the new NP was just great!  
 The Executive Director must be sharp lady-excellent Management!  
 The NP was fantastic.  
 Appreciate the availability of the Social Worker also the attention to detail both mental and medical  
 The appointments are 'kinder & more personal plus I'm treated as an individual & not a kid.

Please note that all comments are shared with staff to identify areas of opportunity. Negative comments or complaints are followed up personally by the Executive Director.

**PROVIDER EXPERIENCE**

Retaining health care providers, specifically in Northern Ontario, is a daunting task. The environment is very competitive and rural health care facilities are at a distinct disadvantage due to long travel to and from work. In 2024, the NC NPLC lost both of their NPs to better opportunities. This is not uncommon throughout the North.

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Innovative solutions have been implemented to provide seamless primary health care through our newly developed Alternative Service Delivery Plan. In short, it provides patients with appropriate care through a criterion of careful triaging and allows for phone, video, and in person visits. Phone appointments can be done by providers out of district along with RN assisted video visits. NP in house visits are also available along with extended hours on Tuesdays and Thursday each week starting in April 2025 and currently every second Wednesday and Thursdays. We have secured physician hours as well to accommodate complex patients.

Patient satisfaction and wait times remained stable. Many patients are happy to have the option of remote service as well, and only a few have complained about the low retention of their full time NPs. Given the environment, having the same primary health care provider for a lifetime is unfortunately not realistic. To complicate matters, NPLCs and other primary care providers have not received staffing increases in the last four years although other venues such as LTC and hospitals have.

Overall, the staff responses to their work environment indicated that they are all pleased with being kept informed, involved in the strategic direction, enjoy annual privacy training, equity training as well as skill development. They feel they have adequate vacation time and statutory holidays. They have expressed being valued and respected by management.

**SAFETY**

Patient safety encompasses several aspects including:

1. Environmental - Code White

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Fire drills are conducted monthly at the site. The Administrative Assistant is responsible for safety inspections and documentation. Her role is to liaison between the staff and management to ensure that we have a safe workplace.

In late 2024 and 2025, there has been incidents with safety in smaller Northern communities. Wawa, Ontario, had a bank teller shot during working hours and very recently, the CEO of the North Shore Health Network experience an incident with patient violence at the Thessalon Hospital, which is across from the NC NPLC. As a result, a refresher meeting was held with staff to address a Code White. One important measure is a formal emergency response to workplace violence, also known as Code White. Code White is used in many healthcare settings to alert workers to a real or perceived threat of violence, which includes aggressive or responsive behaviours.

The staff have a policy to always work in pairs and never alone. Clinic doors are kept locked, and patients are required to ring a doorbell when they arrive. All of the staff have been issued panic buttons, if there is an immediate need for assistance and monitored by an outside security company. There are procedures in place in the event of a violent patient. Additionally, we have a lock down procedure in place in the event of an impending incident. Evacuation procedures and incident reporting were reviewed. Notices are visible in each treatment room indicating that patient aggression, including physical or verbal abuse, will not be tolerated and will result in immediate derostering from the NC NPLC.

The staff complete ongoing courses for new WHMIS training, as

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well as Workplace Violence (Bill 168) training. There is a safety bulletin board at each location that is available to staff, which includes safety updates, such as WHMIS notes and other safety literature.

## 2. Incident Reporting

If an incident occurs, an Incident Report form is completed and submitted to management. All incidents are thoroughly documented and investigated, and conclusion summaries, including follow up recommendations, are shared with staff and the patient as per the policy. These summaries include preventative recommendations, to avoid future incidents. All recommendations are discussed with staff for implementation.

Staff also have a mechanism in place for reporting potential risks associated with safety. This is in compliance with risk management protocols. Once documented, all potential risks are assessed to determine their priority status as low, medium or high, and are then dealt with according to the analysis.

## 3. Patient Quality Safety Rounds

The NPs, in collaboration with the SW, meet as often as required to discuss comprehensive and safe care plans for high-risk patients.

## 4. Privacy

Privacy is part of patient safety. It is important that patients feel comfortable in their health care environment and are confident that the personal information they provide is protected. In the fall of

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2024, the Executive Director / Privacy Officer for the NC NPLC, completed, for the 9th consecutive year, a weeklong privacy training session with the Alliance of Healthier Communities. This is completed annually. All information is brought back to the Staff during their meetings to ensure awareness of changes to privacy legislation, reporting duties, and penalties for organization and individual employees who are in violation of privacy laws.

## 5. Insurance

Annually, the NC NPLC purchases Cyber Insurance. Data integrity is a real threat for the challenging task of keeping patient information safe.



## PALLIATIVE CARE

Three things that the NC NPLC does to support Palliative patients includes:

1. Geriatric Assessments: The RN conducts geriatric assessments and manages annual monitoring of patients to ensure any changes they are experiencing.
2. Palliative Education: a part time RN, who previously worked as a Palliative Oncology RN at the Sault Area is now providing palliative education. The RN will be starting discussions on goals of care to help patients proactively making decisions concerning care planning, end of life wishes, and personal directives. There is an aging patient demographics noted within our patient population, therefore, this is becoming a priority for comprehensive health care.
3. The SW does regular patient check-ins with the elderly and isolated patients within our population. The NPs notify the SW of patients that require attention and support as their needs change due to aging. The staff are aware of all external supports available to get the supports to ensure that palliative care provides comfort, symptom management, and emotional support aid for a better quality of life. Additionally, the SW conducts home visits to accommodate palliative patients with transportation and mobility issues.

## POPULATION HEALTH MANAGEMENT

Preliminary work was conducted this year to create baseline statics for sociodemographic and socioeconomic data collection. This work

was conducted through patient surveys and interesting results were evident.

Patient Age:

15-30 years: 8%  
 31-45 years: 12%  
 46-60 years: 32%  
 61-80 years: 48%

Gender as patient identified:

Female: 72%  
 Male: 28%

Educational Level:

Elementary School: 12%  
 Secondary School: 28%  
 College some or completed: 52%  
 University 8%

Housing Issues:

Yes: 36% No: 64%

Travel Issues:

Yes: 32% No: 68%

**NARRATIVE QIP 2025/26****Employment****Status:**

Yes: 40%

No: 28%

Retired: 20% ODSP:  
12%**Income:**

\$15,000 - \$30,000: 4%

\$31,000 - \$50,000: 52%

\$51,000 - \$90,000: 4%

\$91,000 - \$120,000: 12%

N/a response: 28%

Perspective: In Canada in 2023, the average income was \$63,181 per annum. In Ontario in 2023, the average income was \$80,322 per annum. Canadians in 2023, over 65 years, had an annual income of \$22,600. In Canada in 2022, 9.9% live in poverty levels with variation of indicators such as, income, household sizes, areas resided in either rural or metro.

In our catchment area, we have an aging population with housing and transportation insecurities.

**ADMINISTRATIVE BURDEN**

The NPs on staff were asked if they felt overwhelmed with administrative duties that prevented them from providing comprehensive or timely care to their patients. They all responded

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that they did not feel that burden and were provided enough time to manage their patient paperwork, charting and referrals. Each NP is provided designated times during the week to thoroughly complete their administrative tasks.

The Electronic Medical Records (EMR) software used at the NC NPLC is Accuro. Standardized templates are utilized daily to assist in administrative tasks. The templates are updated at regular intervals. New forms from other health care organizations are kept current and providers have library access into them. Policies and procedures, both clinical and administrative, are updated annually and online access is available to providers. Both the RN and RPN provide any background or research information to the providers upon demand. EMR messaging is fully utilized given the distance between the main and satellite clinic and distance between the providers and their residential locations.

The clinic does not utilize an online booking system as many of the patients live rurally and do not have access to the technology to utilize such a system including challenges with internet access or home computers. Many patients rely on the phone to book appointments or request assistance and the phone is answered in real time by staff.

## CONTACT INFORMATION/DESIGNATED LEAD

The QIP has been completed by the Executive Director, Mary Anne Beith, with input from staff and patients, and approved by the Board of Directors. If any questions arise, please direct them in writing to [mbeith@northchannelnplc.org](mailto:mbeith@northchannelnplc.org).

## OTHER

The North Channel NPLC has had a very challenging year with retention of medical staff specifically Nurse Practitioners. Many primary care organizations within Ontario are experiencing similar issues with shortages of health care providers. To help remedy this, the NC NPLC has implemented a new Service Delivery Plan. The plan involves very specific triaging of patients, and utilizes phone, video, and inhouse appointments, with both NPs and a physician, depending on the criteria of their concerns. This approach has ensured that our patients receive quality and expedient primary health care.

"Necessity is the mother of invention". It states that the primary driving force for most new inventions is a need. The phrase itself is often attributed to Plato, the ancient Greek philosopher, who wrote about the role of necessity in sparking innovation. In his work *The Republic*, he suggested that human ingenuity arises primarily from the need to solve problems or meet challenges. We are proud of our team effort and have provided seamless primary care services throughout an adverse environment.

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

have reviewed and approved our organization's Quality Improvement Plan on **March 5, 2025**

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**Tracy Buffone**, Board Chair

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**Tracy Buffone**, Quality Committee Chair or delegate

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**Mary Anne Beith**, Executive Director/Administrative Lead

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Other leadership as appropriate

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